

**Application Data Sheet**

**APPLICATION INFORMATION**

Application Number::

Filing Date:: 9/24/03

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)? No

Number of Copies of CRF::

Title:: POLISHING PAD WITH RECESSED WINDOW

Attorney Docket Number:: 100059

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?: No

Latin Name::

Variety denomination name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.? No

## APPLICANT INFORMATION

Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Kyle
Middle Name::	A.
Family Name::	Turner
Name Suffix::	
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State or Prov. of Residence::	TX
Country of Residence::	US
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City of mailing address::	Frisco
State or Province of mailing address::	TX
Country of mailing address::	US
Postal or Zip Code of mailing address::	75035

Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Jeffrey
Middle Name::	L.
Family Name::	Beeler
Name Suffix::	
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Country of Residence::	US
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City of mailing address::	Gilbert
State or Province of mailing address::	AZ
Country of mailing address::	US
Postal or Zip Code of mailing address::	85296

Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Kelly
Middle Name::	J.
Family Name::	Newell
Name Suffix::	
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Country of Residence::	US
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City of mailing address::	St. Charles
State or Province of mailing address::	IL
Country of mailing address::	US
Postal or Zip Code of mailing address::	60174

## **CORRESPONDENCE INFORMATION**

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## **REPRESENTATIVE INFORMATION**

Representative Customer Number One::	29050
Representative Customer Number Two::	23460

Representative Designation::	Registration Number::	Representative Name::
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## **DOMESTIC PRIORITY INFORMATION**

Application::                      Continuity Type::                      Parent Application::                      Parent Filing Date::

## **FOREIGN APPLICATION INFORMATION**

Country::                      Application Number::                      Filing Date::                      Priority Claimed

## **ASSIGNEE INFORMATION**

Assignee name::                      Cabot Microelectronics Corporation  
Street of mailing address:: 870 Commons Drive  
City of mailing address:: Aurora  
State or Province of  
mailing address::                      Illinois  
Country of mailing  
address::                      US  
Postal or Zip Code of  
mailing address::                      60504